

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10-861673</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
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50											
Total Indep	8							Total Indep			
Total Depend	74							Total Depend			
Total Claims	82							Total Claims			

10-861673

Applicant(s)

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